REMARKS

Claims 1-23 are currently pending in the subject application and are presently under consideration. The below comments present in greater detail distinctive features of applicants' claimed invention over the cited art that were conveyed to the Examiner over the telephone on April 29, 2008.

Favorable reconsideration of the subject patent application is respectfully requested in view of the comments herein.

I. Rejection of Claims 1-23 Under 35 U.S.C. §103(a)

Claims 1-23 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Montlick (US 5,561,446) in view of Lavin, *et al.* (US 5,772,585) and further in view of Gershman, *et al.* (US 6,199,099). Withdrawal of this rejection is requested for the following reasons. Neither Montlick, Lavin *et al.* or Gershman, *et al.,* alone or in combination, teach or suggest all features of the subject claims.

Applicants' claimed subject matter relates to a method of communicating healthcare information. Medical diagnoses relating to a patient is conveyed using codes, wirelessly to a server where the information is processed and provided to a patient with remote access. To this end, independent claim 1 recites *the healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code;* ***storing the set of codes and the medical diagnoses in a memory of a portable terminal;*** *wirelessly transmitting the selected subset of the displayed codes from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system,* ***wherein said wirelessly transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device.*** Independent claims 9, 12, 18, 21, 22 and 23 recite similar features. Claim 5 recites ***wherein the recipient is a gateway that connects the first, wireless network to a second network.*** Montlick, Lavin *et al.* and Gershman, *et al.*, alone or in combination, fail to teach or suggest such novel features.

Montlick teaches a system and method for wireless remote information retrieval and pen based data entry. At page 2 of the Office Action, the Examiner contends that Montlick teaches storing the set of codes and the medical diagnoses in a memory of a portable terminal.

Applicants' representative avers to the contrary. At the cited portions, Montlick discloses a doctor entering information in a graphical interface displayed on a pen-based computer using a stylus in the form of handwriting or by making a selection from a check box in a form. However, the forms are stored in the memory of the central computer, retrieved via the wireless network and provided to the user via the graphical user interface (See. col. 5, lines 36-42). After the selections are made, they are transmitted back to the central server and stored in the memory associated with the server (See. col. 10, lines 29-36). Thus, the system stores patient information records in the memory of the central computer, comprising a digital data document with data entered via the virtual keyboard and transmitted to the central computer. In contrast, the claimed invention allows for storing the set of medical diagnoses with corresponding codes in the memory of the portable terminal. Thus, Montlick is silent regarding ***storing the set of codes*** *and the medical diagnoses* ***in a memory of a portable terminal*** as recited by the subject claims.

At page 2 of the Office Action, the Examiner concedes that Montlick does not teach providing to a medical patient via a patient accessible device, healthcare data via a second network. The Examiner cites Lanvin *et al.* to cure the aforementioned deficiencies of Montlick.

Lanvin *et al.* relates to a system and method for managing patient medical information and handling examination information. The system comprises a computer network with a server that stores permanent patient information in a relational database, and one or more workstations that can communicate with the server, where the workstations can be fixed or portable. The user is allowed to input information via a graphical user interface that provides data entry screens associated with tables in the relational database, which is stored in the memory associated with the server. The database of diagnoses is made available to the user via a diagnosis list display associated with a table of the database. (See. Col 13, lines 17-23). Thus, the set of codes and medical diagnoses are stored in the memory of the central server. Lanvin et al. is silent regarding ***storing the set of codes and the medical diagnoses in a memory of a portable terminal*** as recited by the subject claims. Further, at page 3 of the Office Action, the Examiner contends that Lanvin *et al.* teaches the healthcare data corresponding to the selected subset of the displayed codes is provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device. Applicants' representative avers to the contrary. At the cited portions, Lanvin *et al.* discloses a physician entering diagnoses and procedure data into a data entry screen at a workstation. This

data is listed and recorded to aid in the billing process to bill a patient for the treatment. However, the system only allows medical practitioners and staff in a medical clinic environment to access patient information and input diagnoses/procedure information via different screens on a workstation, where access to the database is secured by the use of passwords (See. Col 5, lines 36-47). Thus, a patient would not be allowed to access the system, rather a billing module would output a bill which would be given to the patient. Nowhere does Lanvin disclose a patient accessible device, or providing the patient with healthcare data via a second network, and thus is silent regarding ***wherein said wirelessly transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device***, or ***wherein the recipient is a gateway that connects the first, wireless network to a second network*** as recited by the subject claims.

Gershman *et al.* also fails to teach the aforementioned claimed aspects of ***storing the set of codes and the medical diagnoses in a memory of a portable terminal***. Rather, it discloses making consumer information available remotely in connection with facilitating remote consumer transactions. However, Gershman *et al.* does disclose *causing healthcare data to be provided to a medical patient via a second network*, and does not make up for the aforementioned deficiencies of Montlick and Lanvin *et al.* with respect to the independent claims.

In view of at least the foregoing it is readily apparent that Montlick, Lavin *et al.* and Gershman *et al.*, either alone or in combination do not teach or suggest each and every element set forth in the applicants' subject claims. Accordingly it is requested that this rejection should be withdrawn.

CONCLUSION

The present application is believed to be in condition for allowance in view of the above comments. A prompt action to such end is earnestly solicited.

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-1063 [MSFTP1835USA].

Should the Examiner believe a telephone interview would be helpful to expedite favorable prosecution, the Examiner is invited to contact applicants' undersigned representative at the telephone number below.

Respectfully submitted,

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